

Organize Your Medical Receipts - Reduce Your Tax Preparation Fee

If your tax return preparer needs to sort and list your medical receipts, it takes a lot of time. If your preparer charges based on time, this is a costly exercise – so do it yourself, or do the best you can. Charts are attached to show you how to summarize your receipts – you need not use these forms, but organize your information using the forms as a guide. See my article "Medical Expenses and Taxes – What Can You Claim?" on my web site. This article is based on Canadian taxes, but the organizing principles work elsewhere too.

- 1. Medical insurance premiums from work provide a receipt or a pay stub showing withholdings for medical, vision and dental coverage.
- 2. Receipts (for insurance reimbursements, continue reading):
 - Sort receipts by <u>person</u> first for prescriptions, you only need the receipt showing the drug, the date of payment, etc., not the attached information. A summary computer printout from the pharmacist is the easiest method to providing prescription information. Some receipts may be for two people break the invoice down by patient. Manually numbering the receipts and referencing each receipt on your list will make it easy to follow as in the Medical Receipt Work Chart below
 - Then, sort each person's receipts by type of medical cost, e.g., prescriptions, dental, vision, etc. (Note: it is not essential to sort by type, but often makes the verification/review process easier.)
 - Next, sort each category by date it is <u>payment</u> date that is important.

Where you have receipts <u>and</u> insurance claim statements, attach receipts to the appropriate insurance claim statement to avoid accidental duplication. Where the insurance claim is for more than one person, break down the total claim and the amount refunded by person – you do not need to allocate it by type of expenses.

Where you have insurance claim statements but no receipts (because they were sent to the insurance company), organize the statements by date, and summarize the net amount paid by each patient.

- 3. For medical travel, see the Medical Travel Work Chart below.
 - (a) For travel over 40 kilometers (one-way) for medical treatment not available locally:
 - Provide a list of trips, and be prepared to obtain a letter from the doctor's office confirming your appointments.
 - Provide your destination, and number of kilometers travelled.
 - (b) For travel over 80 kilometers (one-way) for medical treatment <u>not</u> available locally:
 - Provide a list of trips, and be prepared to obtain a letter from the doctor's office if requested to do so by CRA (your appointment reminder may suffice)
 - Provide your destination, and number of kilometers that you travelled.
 - Provide your air fare, bridge toll, bus fare, parking receipts, etc.
 - Provide your hotel receipts.
 - Provide the number of meals (maximum of 3 per day) for you.
 - If you were <u>required</u> to have a travel companion because of your condition, be prepared to obtain a letter from your doctor confirming this, as the CRA may request it. In this case, also provide the number of meals for this companion, and other separate expenses, if applicable, such as hotel receipts.
- 4. For community care homes (assisted living / seniors' homes), if the person is infirm or disabled, please provide a letter from the home showing the total amount paid for the year and a breakdown of what the total payments covered. The home will indicate how much was for food, room rental, food preparation wages, personal care wages, recreation wages, etc. For nursing home and long-term care manors, only the total amount paid or monthly invoices are required.

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Medical Receipt Work Chart

Rec. No.	Date of Payment (not date of invoice) (Year/Month/Day)	Patient Name	Payment Made To:	Nature of Medical	Amount of Payment (actual payment, not invoice total) after insurance reimbursement	Comments, if any
1	E.g., 2016/12/31	John Doe	Dr. Jones Dental Practice	Dental	\$500.00	



Medical Travel Work Chart

(If travel was 40 km. or less, only the distance and destination is required)

Date of Trip (From - To)	Destination	Doctor / Hospital Visited & Nature of Medical Issue	No. of km. Return (i.e., both ways)	Hotel costs	Airfare, bus		Highway tolls	Ferry Tolls	Parking	Other (specifiy)	Travel com- panion required?	Number of Meals (you)	Number of Meals (com- panion)	Other costs / comments
		Keep appointment record or other proof in case requested by CRA				Receipts	required				CRA may request proof			
EXAMPLE March 1-2, 2013	Halifax	Example - Dr. Jones - Heart Specialist	650	\$ 85.00	\$ -	\$ 44.50		\$ -	\$ 15.00		Yes (No)	5		
											Yes \ No			
											Yes \ No			
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